05922

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marth (Middle) (Last) Blackburn

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1953

5. SEX F — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH 1/8/1862 — 9. AGE last birthday 91 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hook — 10b. KIND OF BUSINESS OR INDUSTRY Home — 11. BIRTHPLACE (State or foreign country) Milford Del. — 12. CITIZEN OF WHAT COUNTRY? Nr SA

13. FATHER'S NAME Henry Cannon — 14. MOTHER'S MAIDEN NAME Janette Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Mabel Steadman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Cardio Renal & Vascular Disease — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hanson V. George (Degree or title) Deputy Medical Examiner — ADDRESS Denton Md — DATE SIGNED 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/4/53 — NAME OF CEMETERY OR CREMATORY Sinclair — LOCATION (City, town, or county) Sinclair Del. (State)

DATE REC'D BY LOCAL REG. 6-3-53 — REGISTRAR'S SIGNATURE Mary Laird — 24. FUNERAL DIRECTOR William A. Berry Jr. Milford, Del. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05923

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

LENGTH OF STAY (in this place) 2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Tribbitt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobbs

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Bright

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	12/29/1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	None	Maryland	U.S.A.

13. FATHER'S NAME: Alvin Bright

14. MOTHER'S MAIDEN NAME: Auguste Ayres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Carroll Bright Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) Acute Pulmonary edema

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 5, 19 53, to June 24, 19 53, that I last saw the deceased alive on June 24, 19 53, and that death occurred at 11:50A M., from the causes and on the date stated above.

SIGNATURE Claude H. Thrasher M.D. (DEGREE OR TITLE) ADDRESS Greensboro Md DATE SIGNED June 26 19 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/53	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/53	L. McPippin	R.B. Rawlings	Greensboro, Md.

RECEIVED
JUL 7 1903
BUREAU V. S.

05924

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rf. LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton R.R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Lee (Last) DeFord
4. DATE OF DEATH (Month) June (Day) 6th (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar. 14th 86
9. AGE last birthday 67 yrs. If under 1 year Months 3 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John E DeFord
14. MOTHER'S MAIDEN NAME Jessie Legg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Wm DeFord Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	Sudden
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yr.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Hanson O. George Deputy ADDRESS Medical Examiner Denton Md DATE SIGNED 6/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 9th 53 NAME OF CEMETERY OR CREMATORY Denton Cemetery LOCATION (City, town, or county) Denton, (State) Md

DATE REC'D BY LOCAL REG. 6/8/53 REGISTRAR'S SIGNATURE Mrs G George
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 05925

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: Grotine
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale 09X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Rufus (Middle) F (Last) EVANS

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6/2/1883

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Highway maint

10b. KIND OF BUSINESS OR INDUSTRY: Highway maintance

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Evans

14. MOTHER'S MAIDEN NAME: Ellen Stanford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Brenda Evans - Rhodesdale Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1953 to 6/29, 1953 that I last saw the deceased alive on 6/29, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Federalsburg Md DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF 7/3/53

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Cokesbury, Md

DATE REC'D BY LOCAL REGISTRAR June 30, 1953

REGISTRAR'S SIGNATURE Margaret H. Frampton

24. FUNERAL DIRECTOR J.J. Frampton and Son ADDRESS Federalsburg, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05926

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH
a. COUNTY: Caroline
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Greensboro
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tribbitt Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY: Caroline
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Federalsburg
d. STREET ADDRESS (If rural, give location): Greenridge Road

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) B. c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): June 23 1953.

5. SEX: Male

6. COLOR OR RACE: White

7a. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

7b. NAME OF HUSBAND OR WIFE: Roxie V. Miller

8. DATE OF BIRTH: August 20, 1879

9. AGE (In yrs. last birthday): 73
IF UNDER 1 YR. Months: Days:
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No data

14. MOTHER'S MAIDEN NAME: No data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (War or dates of service): No

16. SOCIAL SECURITY NO.: 214-12-5589

17. INFORMANT'S NAME AND ADDRESS: Mrs. Arnold Todd, Denton, Md., R.F.D.

MEDICAL CERTIF

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1 E

(a) Coronary Disease

Due to (b) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

Interval Between Onset and Death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1953, to June 23, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Charles H. Stevenson M.D.

23b. ADDRESS: Greensboro, Md.

23c. DATE SIGNED: June 23, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

24d. LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: June 26-1953

REGISTRAR'S SIGNATURE: L. Mac Pippin

25. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05927

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) Lincoln, St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Sampson
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: not known about 90
9. AGE last birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chestertown Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Florence Smith (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 32 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1925, to June 8, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 6:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) E. Paul Knotts MD
ADDRESS Denton Md
DATE SIGNED June 10-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10th
NAME OF CEMETERY OR CREMATORY Spring Grove Lane
LOCATION (City, town, or county) Denton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6/10/53
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V.

05928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burrsville
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burrsville, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Wesley (Last) Stokes

4. DATE OF DEATH: (Month) June (Day) 16th (Year) 1953

5. SEX: Middle
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3rd 1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months — Days 10 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Major Stokes
14. MOTHER'S MAIDEN NAME: Sarah Minner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) M (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Anna Stokes (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

432.1

Immediate cause (a) Cerebral Hemorrhage c̄ hemiplegia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio Vascular Disease
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles H. Stonesifer (Degree or title) MD
ADDRESS Greens Inn Maryland
DATE SIGNED June 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 19th 53
NAME OF CEMETERY OR CREMATORY Burrsville Cem.
LOCATION (City, town, or county) Burrsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/19/53
REGISTRAR'S SIGNATURE Wm D G George
24. FUNERAL DIRECTOR Virgil Moore & Son
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05929

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) V. (Last) Townsend

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Co

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Harrison Adams

14. MOTHER'S MAIDEN NAME: Mary Adline Howard.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: M. Dewey Townsend.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

155X

Immediate cause (a) Generalized Carcinomatosis — 4 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Gall Bladder — 6 mos.

DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 4/18/53

19b. MAJOR FINDINGS OF OPERATION: Gall Bladder Carcinoma & Metastases to Liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/6, 19 52, to 6/15, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lucy B. Plummer M.D. ADDRESS Preston, Maryland DATE SIGNED 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/18/53 — NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem. — LOCATION (City, town, or county) (State) Preston, Md.

DATE REC'D BY LOCAL REGISTRAR 6/15/53 — REGISTRAR'S SIGNATURE Cornelia D. Plummer

24. FUNERAL DIRECTOR James B. Canfield, ADDRESS Easton, Md.

RECEIVED
JUN 17
BUREAU V. S.

6572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 24 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md; STREET ADDRESS (If rural, give location) Buena Vista

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J. (Last) Vendor

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 30, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Windsor

14. MOTHER'S MAIDEN NAME: Sarah Holder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 212-16-1672

17. INFORMANT AND ADDRESS: Mrs. Ethel Windsor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to June 24, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 3 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. K. Kuttle M.D. | ADDRESS Federalsburg, Md | DATE SIGNED 6/24/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF June 27, 1953 | NAME OF CEMETERY OR CREMATORY Hillcrest | LOCATION (City, town, or county) Federalsburg (State) Md.

DATE REC'D BY LOCAL REG. June 26, 1953 | REGISTRAR'S SIGNATURE Everett Nuttle, Deputy Registrar | 24. FUNERAL DIRECTOR J. Harvey Williamson | ADDRESS Federalsburg Md.

VS. A13

RECEIVED
JUN 29 1953
BUREAU V. S.